

# **CITY OF MIAMI BEACH APPLICANT AGREEMENT TO URINALYSIS AND OTHER SELECTION PROCESSES FOR POLICE OFFICER TRAINEE**

I freely and voluntarily agree and consent to the collection of a urine sample for a toxicological screening for of illegal drugs, use or misuse of controlled substances or their metabolites; and to disclosure of the results to the City of Miami Beach.

I understand that successfully completing this screening is a condition to entering the career development in law enforcement opportunity for which I am applying. If results are positive, I also agree and consent to having the split sample tested for confirmation of the results. Confirmed positive results will be certified in writing to the City of Miami Beach by the City's physician and shall invalidate the conditional training opportunity extended to me and will preclude consideration for employment with the City of Miami Beach for at least a period of two years.

I also consent to other selection procedures which may include, but are not necessarily limited to: a thorough background investigation, medical and psychologic evaluations, credit check, a truth verification examination as stated on the job announcement or in the Applicant Information Handbook; in addition to a fingerprint based criminal history check and other means deemed necessary and proper by the City of Miami Beach. Participation in the training opportunity is dependent upon successful completion of each step in the process.

**QUALITY OF APPLICATION:** I further understand that I must complete the entire application and any other required documentation ("application"). I must answer all questions and not leave any blanks. If my application is incomplete or illegible, I can be disqualified from any consideration. I also understand that the City will need to contact me by mail and by telephone by way of the information I am providing. It is my responsibility to make sure the information is correct, complete, and clearly legible. The City will not attempt to contact me to correct, complete, or clarify information I am providing. If the City is unable to contact me for any reason because the information I am providing is inadequate, I can be disqualified. Since the review process will be moving quickly, I must respond to any correspondence or telephone calls within 24 hours of receipt.

By signing this document, I certify, under penalty of perjury, that all the information on this application is true, accurate, and complete. I understand that all information I provide is subject to investigation and that exaggerations, omissions, falsifications, or misrepresentations are sufficient cause for disqualification from this training opportunity and disqualification from future employment with the City of Miami Beach. I am also attesting that I meet the minimum requirements as stated on the job announcement and have received an Applicant Information Handbook. I acknowledge that I am responsible for reading, knowing and complying with the information contained therein.

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**Applicant Signature**

**Date**

## **FOR CURRENT CITY OF MIAMI BEACH EMPLOYEES ONLY:**

I hereby acknowledge that I have read and understand the above agreement. I fully and completely understand that if, as a City employee, I test positive for illegal drugs and controlled substances or their metabolites, I will automatically be disqualified and may be subject to disciplinary action which may result in termination of my employment with the City of Miami Beach.

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**Miami Beach Employee Signature**

**Date**